## PART B - FEE(S) TRANSMITTAL 08-15-06

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

naintenance fee notification			a) specifying a							
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
27572 759		01	LE)		Cei	rtificate of Mai	ling or Trans	mission		
P.O. BOX 828 BLOOMFIELD HI	· ·	AUG 1	4 2006	I hereby c States Pos addressed transmitte	ertify that the tal Service value to the Mai do the USP	nis Fee(s) Trans with sufficient p I Stop ISSUE PTO (571) 273-2	smittal is being postage for fir FEE address 2885, on the c	g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.		
0&/16/2006 RMEBRAH1 00	0000117 022548 10696	149 1	£ /					(Depositor's name)		
	.00 DA	& TRADE	MARKO					(Signature)		
	00 DA 00 DA							(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY D	OCKET NO.	CONFIRMATION NO.		
10/696,449	10/29/2003		Daniele C	. Brotto		0275Y-7	02CPA	5973		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATIO	N FEE	TOTAL FEE(S) DUE		DATE DUE		
nonprovisional	NO	NO \$1400		\$300		\$1700		08/18/2006		
EXAM	EXAMINER		ART UNIT		CLASS-SUBCLASS					
CAVALLAR	CAVALLARI, DANIEL J		2836		307-326000					
FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			or agents C (2) the nan registered a 2 registered listed, no n	1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is isted, no name will be printed.						
PLEASE NOTE: Unless	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee	data will appe	ar on the patent.	If an assign ment.	nee is identified	l below, the d	ocument has been filed for		
(A) NAME OF ASSIGNE	EE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Black & De		Newark, Delaware								
ease check the appropriate	assignee category or categor	ies (will not be pr	inted on the pa	itent) : 🖸 Indiv	idual 🖺 C	orporation or ot	her private gr	oup entity Government		
a. The following fee(s) are c  Issue Fee \$1  Publication Fee (No sr  Advance Order - # of	4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2548 (enclose an extra copy of this form).									
<u> </u>	from status indicated above MALL ENTITY status. See 3		☐ b. Applica	ant is no longer cla	iming SMA	LL ENTITY sta	itus. See 37 C	FR 1.27(g)(2).		
OTE: The Issue Fee and Pu	s requested to apply the Issu iblication Fee (if required) w rds (f) the United States Pate	ill not be accepted	d from anvone	y) or to re-apply a other than the app	ny previousl licant; a regi	ly paid issue fee istered attorney	to the applica or agent; or th	ntion identified above, ne assignee or other party in		
Authorized Signature	linge	74 13	rele	D	ate	August	14, 2006	5		
Typed or printed name <u>Christopher M. Brock</u>				Registration No. 27313						
his collection of information application. Confidentiality abmitting the completed app	n is required by 37 CFR 1.31 by is governed by 35 U.S.C. plication form to the USPT for reducing this burden sh	The information     and 37 CFR     Time will vary	on is required to 1.14. This coll depending up	o obtain or retain a ection is estimated on the individual	benefit by to to take 12 case. Any co	the public which minutes to com- comments on the	h is to file (and plete, includir amount of ti	d by the USPTO to process) ng gathering, preparing, and me you require to complete		

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

4 2006 8 Under the	Paperwork Reduction Act o	f 1995, no person		rademark Office:	U.S. DEPARTMENT OF COMMERCE is it displays a valid OMB control number.			
			Application Number	10/696,44	10/696,449			
1	NSMITTAL		Filing Date	10/29/2003				
FORM (to be used for all correspondence after initial filing)			First Named Inventor	Daniele C. Brotto				
			Art Unit	2836				
			Examiner Name	Daniel J.	Daniel J. Cavallari			
Total Number of Pages in This Submission			Attorney Docket Number	0275K-70	2CPA			
		ENCLO	SURES (check all that apply)					
Fee Transmittal Form		☐ Drawin	g(s)	After Allowance Communication to Technology Center (TC)				
Fee Attached	j	Licensi	ng-related Papers	Appeal Communication to Board of Appeals and Interferences				
Amendment / Re	ply	Petition	1	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final			n to Convert to a onal Application	Proprietary Information				
Affidavits/declaration(s)			of Attorney, Revocation e of Correspondence Address	Status Letter				
Extension of Time Request		Termin	al Disclaimer	Other Enclosure(s) (please identify below):				
Express Abandonment Request		I <u> </u>	st for Refund	Fee(s) Transmittal (PTOL-85 - in duplicate); and postcard.				
		CD, Nu	mber of CD(s)	ĺ				
Information Discl								
Certified Copy of Priority Document(s)		Remai	rks					
Response to Missing Parts/ Incomplete Application								
Response to Missing Parts under 37 CFR 1.52 or 1.53								
	SIGNA	TURE OF A	APPLICANT, ATTORNEY, (	OR AGENT				
Firm or Harness, Dickey &		Pierce, P.L.C. Attorney Name Christopher M. Brock		Reg. No. 27313				
Signature Christopher & Brock								
Date	August 14, 2006							
	C	ERTIFICAT	E OF TRANSMISSION/MA	ILING				
	nt postage as first	class mail in	imile transmitted to the USPTO an envelope addressed to: 0					
Typed or printed name Christopher N				Express Mail Label No.	EV 855 009 690 US (8/14/2006)			
	VIII	. 7	W // La //					

Signature

Date

August 14, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form call 1-800-PTO-9199 and select ontion 2

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.